(July 2000)

General Information

City or town, state, and ZIP code

Name of organization

EAGAN

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Employer Identification number

Part I

Department of the Treasury Internal Revenue Service

MIKE MEGINN FOR STATE SENATE COMM.

Mailing address (P.O. Box or number, street, and room of suite number)

BLACKHAWK LAKE DRIVE

| E-mail address of organization | IATE QUANT O | om |
|---|----------------------------|---|
| McCrub Ra Sn Name of custodian of records | 4b Cus | stodien's address |
| NEHL BLACK | .3 | 025 EAGANDALE BCKD, # 138 |
| | ϵ | AGAN MN 55121 |
| Name of contact person | 5b Co | ntact person's address |
| MIKE MEGIN | ا كبود | ntact person's address 451 BAACITIANUK LAKE DR |
| · | <u> </u> | AGAN, MN 55/21 |
| SAME | | ss shown above). Number, street, and room or suite number |
| City or town, state, and ZIP cod | e | |
| rt II Purpose | | |
| Describe the purpose of the orga | anization | |
| ······································ | | S C-1-75 |
| ELECT A CA | PNDUUATE T | O A STATE SENATE SEAT. |
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| t III List of All Related | Fortities (see instruction | 2) |
| | Entities (see instruction: | S) 8c Address |
| nt III List of All Related Name of related entity | Entities (see instruction: | |
| | | 8c Address |
| | | |
| | | 8c Address |
| | 8b Relationship | 8c Address |

| | | ₽ Printed | on recycled paper Form 8871 (7-20) |
|---------------|--|------------------------------------|--|
| Sign Here | Under penalties of perjury, I dec Revenue Code, and that I have it is true, correct, and complete. | examined this notice, including ac | in Part I is to be treated as an organization described in section 527 of the Intercompanying schedules and statements, and to the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of my knowledge and beling the section of the best of the best of my knowledge and beling the section of the best of th |
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| Nezl | Black | Treswer | F2g2n MAI 55/21 |
| Pegg. | y Carlson | Chriman | Ezgan MAI 55/23 3025 Ezgandik Pl #138 Ezgan MAI 55/21 |
| 9a Name | | 9b Title | 883 Betty Lenc |
| Form 8871 (7- | | rectors, and Highly Co | mpensated Employees (see instructions) |
| | 5550 | | Page 2 |